

Office of Quality and Patient Safety  
Quality Advisory Committee

QUALITY ADVISORY COMMITTEE CHARGE: Review and provide feedback to the State on establishment of high performance for designated measures

The Delivery System Reform Incentive Payment (DSRIP) program was approved by the Centers for Medicare and Medicaid in April 2014. In the Standard Terms and Conditions, two documents detail the methods to be used for Performing Provider Systems (PPS) to be approved for projects, the method to measure their annual improvement and award payment based on their performance.

Attachment I describes the funding and mechanics protocol.

Attachment J describes the projects and strategies with their associated measures.

Specifically, the Quality Advisory Committee is asked to review and provide feedback to the State regarding the methods to determine high performance attainment for additional funding. The Office of Quality and Patient Safety is proposing two criteria for determining high performance. To facilitate review by the Committee, a brief description is provided regarding the process for measuring the PPS' membership for measures, the method for establishing the State performance goals, and the relationship between annual improvement targets and high performance attainment.

Measure selection:

Projects which were likely to support the transformation goals of DSRIP were developed and associated measures were selected through a collaborative process involving CMS, health care organizations and external stakeholders as well as feedback through a public comment process. Several underlying principles used in the selection process for quality measures include:

1. Inclusion in national measure sets
2. Alignment with quality measure programs operating in New York State
3. Currently have Medicaid results for New York State
4. Reflective of the objectives of DSRIP
5. Provide information to the State and PPS' regarding progress to DSRIP goals
6. Provide a balance of information without creating excessive measurement burden which could impede improvement activity implementation

High Performance Measures:

Ten measures are eligible for additional payment from high performance funds. These measures relate to avoidable hospitalizations, behavioral health and cardiovascular disease with the latter markers aligning with the nationwide Million Hearts Initiative on cardiac outcomes, in order to tackle the leading cause of mortality in New York State.

The ten measures eligible for high performance are:

1. Potentially Preventable Emergency Department Visits (All Population)
2. Potentially Preventable Readmissions (All Population)
3. Potentially Preventable Emergency Department Visits (BH Population)
4. Potentially Preventable Readmissions (BH Population in SNF)
5. Follow-up for Hospitalization for Mental Illness
6. Antidepressant Medication Management
7. Diabetes Monitoring for People with Diabetes and Schizophrenia
8. Cardiovascular Monitoring for People with CVD and Schizophrenia
9. Controlling Hypertension
10. Tobacco Cessation - Discussion of Cessation Strategies

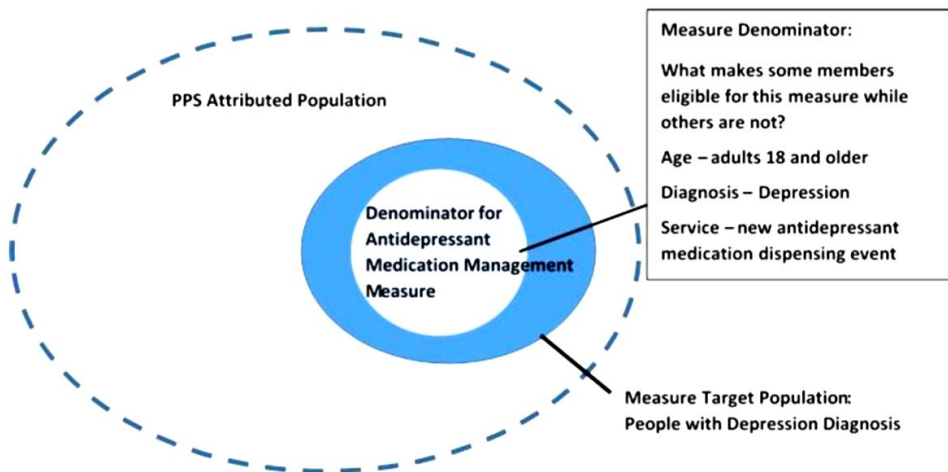
## OVERVIEW OF PERFORMANCE MEASUREMENT PROCESS PERFORMANCE GOALS

### Performance Measurement

Members are attributed to a specific PPS 'membership' based on the services used by members from providers in the PPS network. For measurement, additional criteria are applied to the membership to determine eligibility for each specific measure.

Measures are developed to capture the population for which a particular service is recommended; this is called the eligible population. To define the eligible population, measures often have criteria such as age or diagnosis of a health condition to be included in the eligible population. While some measures may apply to everyone in the PPS (patient-based), others may capture a smaller group within the PPS membership (episode-based).

For example, the illustration below shows how the eligible population for an episode-based measure, *Antidepressant Medication Management*, involves a smaller portion of the PPS membership.



### Performance Goals

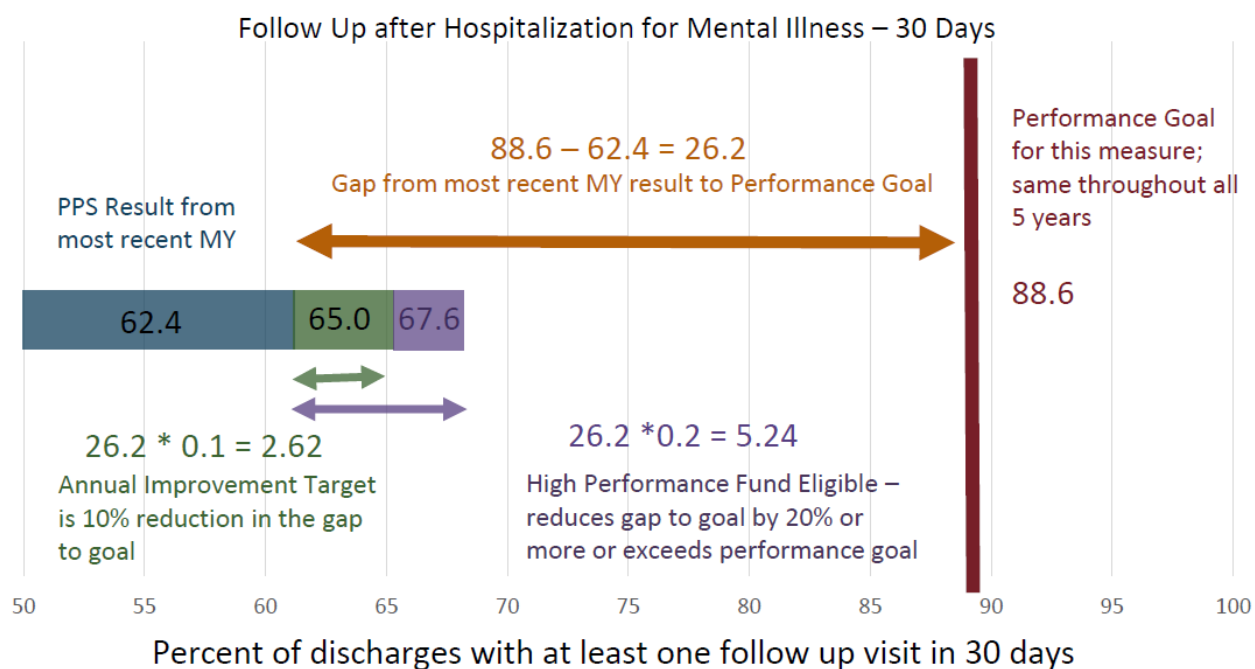
Performance goals will be established for Domain 3 measures. Performance goals will be based on the top decile performance of zip codes for Medicaid recipients in NYS for each measure where data is available. Top decile targets in national data (NCQA's Quality Compass for Medicaid) demonstrated higher performance in NYS zip code data than national Medicaid. For measures where the goal is to reduce an occurrence and a lower result is desirable, the lower decile is used, while measures where the goal is to increase the occurrence and a higher result is desirable, use the upper decile. The performance goal is set using most current data available (largely 2013 measurement year) and will not be changed throughout the DSRIP demonstration. The measures performance goal is used in two manners: 1) initial approval of particular projects for a PPS; and 2) determining the difference between most recent PPS result and the performance goal (gap-to-goal) in setting the PPS annual improvement target.

## Pay for Performance (P4P) Measures

In cases where the measure type is Pay for Performance (P4P), PPS' will receive incentive payments for demonstrating improvements in results that meet or exceed the annual improvement target. Achievement targets are determined based on a PPS' most recent annual performance in the measure and will be calculated by NYS DOH (or Independent Assessor) using the methodology described below.

Annual improvement targets for measures for a PPS will be established using the methodology of reducing the gap to the goal by 10%. The most current PPS result (baseline for DY1 and so on) will be used to determine the gap between the PPS result and the measure's goal, and then 10% of that gap is added to the most current PPS result to set the annual improvement target for the current DY. Each subsequent year would continue to be set with a target using the most recent year's data. This will account for smaller gains in subsequent years as performance improves toward the goal or measurement ceiling.

### PERFORMANCE GOAL, ANNUAL IMPROVEMENT AND HIGH PERFORMANCE



#### OQPS proposed methods to determine high performance for eligible measures:

PPS' achieve high performance in the ten eligible measures by:

1. Achieving an annual reduction in gap to goal by 20% or more in any measurement period
2. PPS' result for the measurement period meets or exceeds the measure's performance goal